SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER
1st AMENDMENT 2- AMENDMENT IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. INC DEP <u>. ĵ</u> : 2 <u>:</u> <u>. 6</u> : 7 :3 :9 <u>J0</u> 7.1 \mathcal{I}^2 ,23 Jŝ <u>,23</u> 37 86. <u> 35</u> 110 1- 42 TOTAL TOTAL *MAY BB ... &D POR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT . COMMERCE